

Part C Early Intervention/Family, Infant and Toddler Program of Vermont

Request for Due Process Hearing

To: Commissioner/Secretary

From: _____

(Name, address, phone of parent(s) requesting due process hearing)

Date: _____

I. I/We are requesting a due process hearing on behalf of our child.

II. Child's name _____

III. Child's town of residence _____

IV. Please describe the nature of the problem with the early intervention program and any facts relating to the problem. (please attach additional pages if necessary).

V. Please describe how this problem could be resolved. (please attach additional pages if necessary)

VI. Signature of party submitting request: _____

Return form to:

Kathy Boulanger Part C – Early Intervention DCF/CDD – 2 North 103 South Main Street Waterbury, VT 05671–2901 802-241-3602 or 1-800-649-2642 (ext. 3602)	Department of Education 120 State Street Montpelier, VT 05602 802-828-3136
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